

*Development Services Department*  
18605 NW27th Ave  
Miami Gardens, Florida 33169  
Phone: (305) 622-8023  
Fax: (305) 626- 4220  
www.miamigardens-fl.gov



**Office Use Only**

Date Received: \_\_\_\_\_

Process No. \_\_\_\_\_

## LANDSCAPE PLAN APPROVAL APPLICATION

(Commercial, Industrial, Multiple Family Residential,  
Other Nonresidential)

**TYPE OF APPLICATION (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> New Construction                             | <input type="checkbox"/> Landscape plan revision                   |
| <input type="checkbox"/> Redevelopment/Renovation                     | <input type="checkbox"/> Pending building permit                   |
| <input type="checkbox"/> Compliance with Land Development Regulations | <input type="checkbox"/> Existing tree removal/relocation required |

**APPLICANT INFORMATION:**

APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**OWNER INFORMATION:**

OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:

Owner's Name (Provide name of ALL owners): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DULY APPOINTED AGENT INFORMATION:**

CONTACT PERSON, MAILING ADDRESS, TELEPHONE NUMBER:

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROJECT INFORMATION:**

1. PROJECT NAME: \_\_\_\_\_

**2. LIST FOLIO NUMBER OF ALL PARCELS:**


**ADDRESS OR LOCATION OF PROPERTY:**


(for location, provide general location i.e. NE corner of, etc.)

**SUBMITTAL CHECKLIST**

<b><u>Required</u></b>	<b><u>Provided</u></b>	<b><u>Description</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Application</b> – original application <u>completely</u> filled out and properly executed.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Landscape plans</b> – one (1) set of landscape plans showing the required information. Please see attached instructions and guidelines for information required.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Landscape Plan Table</b> – one (1) copy of completed table required. Follow required information contained in code, excerpts attached.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tree Removal/Relocation Permit</b> – required ONLY if there are any trees to be removed or relocated requiring a permit. This is a separate application. See Instructions and Guidelines enclosed for details.
<input type="checkbox"/>	<input type="checkbox"/>	<b>PDF files</b> - of all drawings and submission
<input type="checkbox"/>	<input type="checkbox"/>	<b>Applicant Affidavit</b> – fully executed. See enclosed.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fees:</b> See fee schedule below.

\*Survey may be required

**FEE SCHEDULE**

<b><u>Description</u></b>	<b><u>Fee</u></b>	<b><u>Applicable</u></b>
ZLSP04 - Landscape Plan review fee	\$2559.75	\$2559.75
ZLSP06 - Landscape Plan Revision	\$384.00	\$0
Public Works Landscaping Review	\$200.00	200.00
Subtotal		<b>\$2759.75</b>
Surcharge of 15%	15%	\$383.96
<b>Grand Total</b>		<b><u>\$3143.71</u></b>

NOTE: Please make all checks payable to 'City of Miami Gardens' / Cash, Credit or Debit accepted

## APPLICANT AFFIDAVIT

### PROPERTY OWNER

(I)(WE), being first duly sworn, depose and say that (I am) (we are) the ☐ owner, ☐ duly authorized to sign on behalf of the property owner, of the property herein described and which is the subject matter of the proposed application. (I)(WE) certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

And,

(I) (WE) hereby authorize \_\_\_\_\_, as the contractor ☐, applicant ☐ or contact person ☐ to submit and obtain the necessary permit(s).

Property Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally known to me ☐ Produced Identification ☐ Type of Identification \_\_\_\_\_

Notary

(Stamp/Seal)

Commission Expires:

## **GENERAL REQUIREMENTS FOR FILING THIS APPLICATION**

Applicants should refer to all applicable regulations prior to filing an application and should include all necessary information for compliance with the City's landscape regulations.

**Code requirements.** In addition to the application requirements provided herein, see additional provisions in [Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES](#), of the City's Land Development Regulations (LDR) for specific regulations that may impact your application.

### ***Additional Information and Resources:***

Miami-Dade County Landscape Manual:

<http://www.miamidade.gov/zoning/library/studies/landscape-manual-new-draft.pdf>

Miami –Dade County Tree Removal and Relocation permits: <http://www.miamidade.gov/permits/tree-removal.asp>

**Questions and inquiries.** For questions and inquiries contact the Planning and Zoning Department at 305-622-8023.



**Office Use Only**

Date Received: \_\_\_\_\_

**OWNER'S CERTIFICATE OF LANDSCAPE COMPLIANCE FOR FINAL INSPECTION**

**Commercial, Industrial, Multiple Family Residential and Nonresidential Development**

**PROCESS NUMBER** \_\_\_\_\_

I/We hereby certify that as owner/agent for owner of Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision name \_\_\_\_\_, P.B. \_\_\_\_\_ Page \_\_\_\_\_, (or metes and bounds) legal description \_\_\_\_\_

Located at (address) \_\_\_\_\_, that the landscaping and irrigation system (if applicable) have been installed in compliance with the approved plans and that all requirements of **Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES, of the City's of Miami Gardens Land Development Regulations** have been met.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to provide such certification.

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned; Witness my signature and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, in the County and State aforesaid, the date and year last aforesaid.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Print Name**

**My Commission Expires:**

## LANDSCAPE PLAN TABLE

### Multi-Family and Non-Residential Zoning Districts

Zoning district/ landscape requirement	Required	Provided	Species	Height, caliper and spacing
Shade trees				
Shade trees – off street parking areas				
Street trees				
Shrubs/ Hedging				
Knee wall, off-street parking areas				
Sod, lawn area, ground cover				
Landscaped Open space				
Common open space				
Landscape buffers – front yard/ROW				
Landscape buffers – side yard				
Landscape buffers – rear yard				
Landscape buffers – off street parking areas				
Landscape islands – off- street parking areas				
Fence, wall, hedge heights – maximum.				